

Report of Findings and Recommendations

BY THE GOVERNOR'S TASK FORCE
ON THE
DEPARTMENT OF CORRECTIONAL SERVICES'
MEDICAL SERVICES SYSTEM

*To the Governor
Of the State of Nebraska*

November 4, 2002

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



Department of Services • Department of Regulation and Licensure • Department of Finance and Support

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INTRODUCTION

This document is a report of findings of the Governor's Task Force on the Department of Correctional Services' Medical Services System. This report is the second report of this task force, the first being in 2000, and represents a follow-up on the review done in 2000 to assess the extent of the progress that has been made in the health care services of the Department of Correctional Services since the issuance of the first report.

In November 1999, the State Ombudsman's Office released a report that was critical of the health care services provided to inmates in facilities operated by the Nebraska Department of Correctional Services. This report received considerable attention from both the media and State lawmakers. In January 2000, the Governor appointed a task force to review these medical services and create a report on their findings and recommendations. The task force issued its report to the Governor on July 1, 2000.

THE SCOPE OF THE REVIEW

The following topic areas were examined by the task force members in 2000 in their effort to identify issues and problems with health care services in the Department of Correctional Services:

- A) The Mission Statement
- B) Quality Assurance
- C) Medical Treatment and Referral Policies
- D) Pharmaceutical Policies and Practice
- E) Health Maintenance
- F) Communicable Diseases
- G) Emergency Response
- H) Surgical Policies
- I) Lines of Authority in the Department
- J) Staffing Patterns
- K) Balancing Security, Cost Containment, and Quality of Care
- L) Mental Health and Substance Abuse Issues
- M) Additional Recommendations

This report will reexamine each of these topics to assess what, if any, improvements have occurred since 2000, and make any additional recommendations the task force believes are needed to assist the Department in achieving the standards of quality identified in the 2000 report of recommendations.

THE MEMBERS OF THE GOVERNOR'S TASK FORCE

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OVERVIEW OF TASK FORCE PROCEDURES

The task force members met for their first meeting of this review on August 6, 2002 in Lincoln, in the Nebraska State Office Building, to hear testimony and receive documents from interested parties to the review.

The task force members met for their second meeting on August 16, 2002 in Lincoln, in the Nebraska State Office Building, to hear additional testimony from interested parties.

The task force members met for their third meeting on September 23, 2002 in York to do a site visit of the Nebraska Correctional Center for Women. The task force members also interviewed inmates and health care employees at this facility.

The task force members met for their fourth meeting on October 11, 2002 in Lincoln, in the Nebraska State Office Building to formulate their report of findings and recommendations.

The task force members met for their fifth meeting of this review on November 4, 2002 in Lincoln, in the Nebraska State Office Building to finalize and approve their report of findings and recommendations.

OVERVIEW ASSESSMENT OF PROGRESS MADE SINCE 2000

The task force members believe that great progress has been made since the issuance of their first report, although much yet remains to be done. The task force members identified the appointment of a new medical director and the internal reorganization of the Department allowing the medical director to report directly to the agency director as the most important achievement since 2000. The task force members believe that these most fundamental of changes make all the other recommended actions possible.

The task force members observed that the current financial crisis is the most serious of the hurdles that the Department faces in its efforts to reform its health care services. The

task force members are concerned that financial difficulties and budgetary restraints not be allowed to prevent the establishing of health care services that meet community standards at the Department of Correctional Services.

TASK FORCE FINDINGS AND RECOMMENDATIONS, 2000 AND 2002

[All findings and recommendations made in 2000 identified in this report are derived from the Final Report of the Task Force, July 1, 2000; AND, all recommendations made in 2002 that are included in this report were formulated at the October 11, 2002 meeting of the Task Force]

Pertinent to the Thirteen Topic Areas Listed on Page 1 of this Report, the Task Force Members Made the Following Findings and Recommendations:

A) Mission Statement

The Mission Statement as it was in 2000 was Written as Follows:

The mission of the medical services' section, Division of Administrative Services, is to ensure the provision of medical care services to individual inmates within the correctional system and to provide physical examinations to employees who are required by either law or standard to have them. (The Final Report of the Task Force, July 1, 2000, Page 6)

Findings and Recommendations on the Mission Statement in 2000:

The finding of the Task Force in 2000 was as follows:

That this mission statement focused too much on administration, and too little on the provision of health care services to inmates.

The recommendation of the Task Force in 2000 was as follows:

That this mission statement needed to be revised to focus greater attention on the delivery of quality health care services to inmates.

The New Mission Statement as Revised in 2001 is Written as Follows:

Within the Department of Correctional Services, the Medical Department delivers health care services to the inmate population and manages those services consistent with the standards of quality and the scope of services found in the community. (Testimony Provided by the Department of Corrections at the August 16, 2002 Meeting of the Task Force)

Findings and Recommendations in 2002 on the Mission Statement as Revised in 2001:

The finding of the Task Force in 2002 was as follows:

That this revised mission statement has changed the stated focus of the Department from administration to the provision of health care services.

The recommendations of the Task Force in 2002 are as follows:

- 1) *That the mission statement undergo annual review in order to keep it current with the health care needs of the inmate population.*
- 2) *That the mission statement needs to be treated as a living document that changes with changing needs and circumstances.*

B) Quality Assurance

Findings and Recommendations of the Task Force in 2000:

The finding of the Task Force in 2000 was as follows:

That quality assurance at the Department of Correctional Services was characterized by a low degree of standardization, documentation, evaluation, and analysis, and that standard treatment protocols for specific conditions is lacking.

The recommendations of the Task Force in 2000 were as follows:

- 1) *That the Department should incorporate, whenever possible, consistent and community-based standards of care.*
- 2) *That the Department should make effective use of outside experts to ensure the establishment of community-based standards of care.*

Findings and Recommendations of the Task Force in 2002:

The findings of the Task Force in 2002 were as follows:

- 1) That the creation of a quality assurance program by the Department is a step in the right direction.
- 2) That too much is being placed under quality assurance under the current plan. Specifically, peer review, blood utilization, and pharmacy, and therapeutics should be dealt with separately from quality assurance in order to ensure that these vital processes receive the attention they need in a timely and sufficiently detailed manner.

The recommendations of the Task Force in 2002 are as follows:

- 1) *That the processes associated with peer review, blood utilization, and pharmacy, and therapeutics be separated out from the quality assurance process with their own separate review committees.*
- 2) *That the Department's quality assurance program involve all sub-organizations that play a role in the actual delivery of care including security personnel, and wherever possible, the inmates themselves.*
- 3) *That the quality assurance program needs to create a process for the review of the kite system. This should be done by involving all sub-organizations of the Department that work with this system as well inmate participation to get the benefit if the widest range of perspectives possible.*

C) Medical Treatment and Referral Policies

Findings and Recommendations of the Task Force in 2000:

The findings of the Task Force in 2000 were as follows:

- 1) That the process by which inmate patients must access the health care system at the Department of Correctional Services is flawed by being cumbersome and redundant and places far too much emphasis on inmate responsibility to continually submit new kites in order to get follow-up care.
- 2) That the Department's health care system lacks community-based protocols and procedures for the delivery of safe and effective health care as well as protocols for making an appropriate referral to health care services outside of the Department.
- 3) That the Department's medical personnel made no distinction between chronic health care problems and acute health care problems when scheduling inmate patients to be seen by clinicians.
- 4) That the current kite system used to provide access to the health care system lacks accountability and appropriate protocols for deciding who does and does not receive access to care.
- 5) That requests for health care services have been denied on grounds unrelated to whether or not there was a need for the services, and that there was often a lack of compassion on the part of those making the determination.

The recommendations of the Task Force in 2000 were as follows:

- 1) *That the entire system by which inmates gain access to the Department's health care services be reformed, and that an alternative to the kite system be found.*
- 2) *That the Department should differentiate between chronic care and acute care.*
- 3) *That the Department create chronic care clinics.*
- 4) *That the Department place greater emphasis on continuity of care.*
- 5) *That treatment-specific protocols be adopted and utilized for the treatment of all health problems of inmate patients.*
- 6) *That wherever possible the Department should use telemedicine to improve access to health care services.*

Findings and Recommendations of the Task Force in 2002:

The findings of the Task Force in 2002 were as follows:

- 1) That the Department has made great progress in improving both access to care and the quality of care. Department policies on over-the-counter pain medications have changed significantly in that inmate patients now are allowed to possess and store such medications. Other indicators of improvement in health care services at the Department include improvements in emergency medical services response times, the creation of acute and chronic care clinics, and across-the-board training for all Department employees in life-saving procedures.
- 2) That the work of Dr. Randy Kohl, the new Medical Director at the Department, is the source of the improvements in health care services, but much more needs to be done. Chronic care is one area where more improvement is needed, and there is a need for a greater commitment by medical staff to encourage inmate patients to follow-up initial visits with subsequent appointments, for example.

The recommendations of the Task Force in 2002 are as follows:

- 1) *That there is much room for improvement in the area of educating inmate patients to utilize the services and treatments that are available to them, and that this should be the top priority for the Department's medical educator. Improving medical education of inmates is especially important in the treatment of such chronic care conditions as diabetes and coronary-artery disease.*
- 2) *That twenty-four hour coverage by health care professionals (M.D., P.A., or Nurse Practitioner) at the York correctional facility be provided.*
- 3) *That response times for access to medical services at the Department need to conform to community standard.*
- 4) *That the Department should ensure that inmate patients who need special diets receive them, and that this is especially a concern at the York correctional facility.*
- 5) *That the Department should ensure that emergency dental care be made available in all of its facilities.*
- 6) *That the Department utilize telemedicine to help meet health care service needs. It was noted that technologies currently available make this approach more cost-effective than during the previous effort by the Department to use it.*
- 7) *That chronic care protocols be followed at all of the Department's facilities, and as an example blood sugar monitoring of diabetic patients must be followed up by adjustments in medication dosages for these patients. This was a problem identified at the York facility during the Task Force's site visit to this facility.*

D) Pharmaceutical Policies and Practices

Findings and Recommendations of the Task Force in 2000:

The findings of the Task Force in 2000 were as follows:

- 1) That inmate patients were either not receiving pain medications at all, or that they were not receiving them in a timely manner or in sufficient dosages.
- 2) That security personnel had the authority to deny inmate patients pain medications. Concern was expressed that this was being used as a method of punishment by security personnel.

The recommendations of the Task Force in 2000 were as follows:

- 1) *The task force members recommended that the Department of Correctional Services should develop policies on pain medications that are consistent and humane.*
- 2) *The task force members recommended that pain management protocols be developed and maintained that are consistent with community standards.*
- 3) *The task force members recommended that prescribing and dispensing of pain medications should be done only for medical reasons.*

Findings and Recommendations of the Task Force in 2002:

The findings of the Task Force in 2002 were as follows:

- 1) That policies and practices pertinent to the administration of pain medications has greatly improved in the Department. Interviews with inmates at the York correctional facility indicated that pain medications are now much more readily available.
- 2) That there is a need to address the issue of the stockpiling of over-the-counter medications by inmates which could result in the abuse of these medications or in suicide attempts.
- 3) That there should be a more timely availability of chronic care medications, especially at the York correctional facility. Inmate patients at the York facility have experienced delays in receiving needed medications.

The recommendations of the Task Force in 2002 are as follows:

- 1) *That the Department consider utilizing one pharmacy provider rather than several which is the current practice. This could improve efficiency and timeliness of services.*
- 2) *That the Department review its formulary and standardize it for the entire correctional system.*
- 3) *That the five-minute daily “window” for picking up medications at the York correctional facility is too restrictive, and that a more flexible policy is needed.*

- 4) *That the Department develop a policy to address the potential problem associated with inmates stockpiling over-the-counter medications. Such a policy should be designed so that there is an assessment of the extent to which these medications pose a safety concern for inmate patients. Such a policy would greatly assist the Department in preventing inmates from stockpiling lethal dosages of over-the-counter medications.*

E) Health Maintenance

Findings and Recommendations of the Task Force in 2000:

The finding of the Task Force in 2000 were as follows:

That the focus of health care services at the Department was on the remediation of acute conditions rather than on preventive care, and that this needed to be changed.

The recommendation of the Task Force in 2000 was as follows:

That the Department place greater emphasis on health maintenance practices especially as this would pertain to age and gender issues.

Findings and Recommendations of the Task Force in 2002:

The findings of the Task Force in 2002 were as follows:

- 1) That progress has been made by the Department in addressing women's health issues, and that policies pertinent to mammography, pap smears, and rectal examinations apparently are now in place, and that access to these kinds of tests seems to meet community standards.
- 2) That food service workers at the Department do not receive routine immunizations for hepatitis although they are screened for hepatitis A upon entry into employment, and that this is a potential problem that needs to be addressed.

The recommendation of the Task Force in 2002 is as follows:

That Department employees whose work involves food handling be immunized upon entry into employment for hepatitis A if they have not already been immunized for this disease.

F) Communicable Disease Policies and Practices

Findings and Recommendations of the Task Force in 2000:

The finding of the Task Force in 2000 was as follows:

That there is a need for the Department to incorporate more community-based standards and practices pertinent to disease detection and control.

The recommendations of the Task Force in 2000 were as follows:

- 1) *That all inmates be screened for communicable diseases upon entry into the system.*
- 2) *That the Department employ an infectious disease consultant.*
- 3) *That the Department develop community standard protocols for all policies pertinent to communicable disease.*
- 4) *That the Department create an HIV / AIDS chronic care clinic.*

Findings and Recommendations of the Task Force in 2002:

The findings of the Task Force in 2002 were as follows:

- 1) That significant progress has been made in the area of the control of communicable diseases. An infectious disease specialist is now under contract at the Department, and this person will greatly assist in the creation of screening and immunization policies at the Department.
- 2) That progress has been made in the area of screening and detection of communicable diseases, but that more needs to be done.

The recommendation of the Task Force in 2002 is as follows:

That screening for all inmates should be required on entry for HIV / AIDS, hepatitis B and C, and tuberculosis.

G) Emergency Response

Findings and Recommendations of the Task Force in 2000:

The findings of the Task Force in 2000 were as follows:

- 1) That emergency room facilities at the Department were often too small to allow for the utilization of necessary emergency equipment.

- 2) That emergency room crash carts were often inadequately equipped, and that available medical personnel were either unable to access the equipment, or did not know how to use the equipment. Only physicians and physician assistants had been trained to do ACLS.
- 3) That procedures to allow entry by emergency vehicles were cumbersome and time-consuming.

The recommendations of the Task Force in 2000 were as follows:

- 1) *That the Department should create a “quick response team.”*
- 2) *That the Department’s emergency response systems and procedures should be more consistent and responsive.*
- 3) *That all employees of the Department should be trained to use such life saving technologies as AEDs, and to do CPR, and that there is a need for more consistent training in both basic life support and advanced life support.*
- 4) *That the Department’s security personnel should be involved in the planning and implementation of any emergency response protocols.*
- 5) *That an independent body outside of the Department should be created to oversee emergency medical services.*

Findings and Recommendations of the Task Force in 2002:

The findings of the Task Force in 2002 were as follows:

- 1) That significant progress has been made in this area of care, and that the addition of “grab bag” and AED equipment in the Department’s health care facilities are indications of this.
- 2) That there has been an improvement in response times involving community emergency transport teams. However, information available indicated that there were still delays at the gate associated with security procedures.
- 3) That progress had been made in the training of Department employees to use AEDs, and that this training is now a requirement for all employees.

The recommendations of the Task Force in 2002 are as follows:

- 1) *That the Department develop forms to be submitted in advance to community emergency personnel to shorten response time at the gate during emergencies.*
- 2) *That each employee be retrained and retested annually to ensure that the skill levels remain adequate.*
- 3) *That a quality assurance initiative in the area of emergency response be created, and that the Lincoln Fire Department be involved in this initiative.*

H) Surgical Policies and Practices

Findings and Recommendations of the Task Force in 2000:

The findings of the Task Force in 2000 were as follows:

- 1) That surgical procedures at the Department of Correctional Services lacked consistency regarding when surgery is indicated, and regarding when referral to an outside health care facility is necessary.
- 2) That the source of these inconsistencies was the absence of treatment and referral protocols which placed undue reliance on the judgement of the individual medical employee on the scene rather than on accepted standards of practice.

The recommendations of the Task Force in 2000 were as follows:

- 1) *That community-based protocols for this area be developed and implemented pertinent to both surgical procedures and the referral of surgical procedures.*
- 2) *That any procedure that meets the definition of major surgery should be referred outside of the Department, and that only optional, non-emergency surgeries should be done within the Department.*
- 3) *That surgical services provided by Department personnel should be commensurate with the ability of the medical personnel available.*

Findings and Recommendations of the Task Force in 2002:

The finding of the Task Force in 2002 was as follows:

That there has been significant improvement in this area of care. The creation of protocols pertinent to surgical procedures and the referral of surgical procedures to physicians in the outside community have addressed many of the concerns raised during the previous review of the task force.

The recommendation of the Task Force in 2002 is as follows:

That the Department utilize telemedicine technology to assist in the follow-up with the surgeon during post-operative procedures.

I) Structure and Lines of Authority

Findings and Recommendations of the Task Force in 2000:

The finding of the Task Force in 2000 was as follows:

That the lines of authority as they were at that time created barriers to the efficient administration of health care services, and placed medical services on a weaker footing than financial services within the agency. Medical decisions and concerns could easily be overruled by non-medical personnel based upon purely financial and/or security priorities.

The recommendations of the Task Force in 2000 were as follows:

- 1) That the Department reorganize so that the medical services section has greater autonomy within the agency, and so that the medical services administrator reports directly to the agency director.*
- 2) That administrative and medical service functions and processes should be separate.*
- 3) That an independent oversight body appointed by the Governor should have authority over the medical services section.*
- 4) That an appeal process for medical decisions should be added to the Department's procedures.*
- 5) That consideration be given to privatizing health care services across the board in the agency.*

Findings and Recommendations of the Task Force in 2002:

The finding of the Task Force in 2002 was as follows:

- 1) That this is the area wherein the greatest improvements have occurred. That the appointment of a new medical director who reports directly to the agency director represents a great improvement in the position and importance that health care services now have within the Department.
- 3) That medical and administrative functions have been separated which also will elevate the position and importance of health care services in the Department.

The recommendations of the Task Force in 2002 are as follows:

- 1) *That the Department upgrade its internal credentialing processes by creating a credentialing file for each employee in order to better track their abilities.*
- 2) *That a separate quality assurance file be kept for each employee in order to better track their specific personnel issues, performance, and problems. The information on the credentialing file system would be available to the public, whereas the information on the quality assurance file system would be confidential.*

J) Staffing Patterns

Findings of the Task Force in 2000:

The findings of the Task Force in 2000 was as follows:

- 1) That low morale and indifference to the needs of inmates was a problem at the Department, and that these problems stem from the low pay and sometimes hazardous working conditions associated with work in a correctional facility.
- 2) That the Department is at a disadvantage due to the conditions described above compared to other health care facilities pertinent to the employment and retention of quality health care workers, especially nurses.

The recommendations of the Task Force in 2000 were as follows:

- 1) *That base salaries for all health care employees at the Department be made comparable with the marketplace in order to attract and retain higher quality employees.*

- 2) *That consideration should be given to implementing hazard pay for health care workers at the Department.*
- 3) *That physician oversight of all agency health care facilities be established.*
- 4) *That a system of internal credentialing be created at the agency based on community standards to assist the process of upgrading the professional standards of the agencies health care personnel.*
- 5) *That the Department consider employing nurse practitioners.*

Findings and recommendations of the Task Force in 2002:

The findings of the Task Force in 2002 were as follows:

- 1) That salaries for health care employees, especially nurses, remains a critical problem at the Department. Testimony from representatives of the Department indicated that salaries for nurses as well as other health professionals employed by the Department fall far short of the market in the community at large. This testimony indicated that nursing salaries at the Department are approximately ten percent below the market average, and that salaries for physician assistants at the Department are even farther below the market average.
- 2) That the turnover rate for nurses in the Department is very high as indicated by testimony from representatives of the Department.
- 3) That the absence of twenty-four hour coverage by health care professionals at the York correctional facility is a serious problem as regards medical emergencies which can occur at any time.

The recommendations of the Task Force in 2002 are as follows:

- 1) *That the Department needs to make their salaries for health care professionals competitive with the marketplace for these services, especially nursing salaries.*
- 2) *That a full-time health care professional be employed at the York correctional facility, and that this should be a high priority item, and that there be mandatory physician oversight of the medical services at the York correctional facility.*
- 3) *That there be twenty-four hour medical coverage at the York correctional facility.*

K) Balancing Security, Cost Containment, and Quality of Care

Findings and Recommendations of the Task Force in 2000:

The finding of the Task Force in 2000 was as follows:

That there was an imbalance in the correctional system in that greater concern was shown for the need for security and keeping costs of services under control than there was for providing quality health care services.

The recommendations of the Task Force in 2000 were as follows:

- 1) *That concerns about costs or security should not override the delivery of quality health care services.*
- 2) *That security personnel should be involved in the planning and development of protocols for medical treatment including emergency health care services.*
- 3) *That telemedicine should be considered as an alternative to the current medical services at the Department.*
- 4) *That all health care protocols should be based upon community standards of care.*

Findings and Recommendations of the Task Force in 2002:

The findings of the Task Force in 2002 were as follows:

- 1) That there has been significant improvement in the relationship between security personnel and health care personnel at the agency pertinent to cooperation in handling such events as medical emergencies.
- 2) That there is a need for further improvement in the area of streamlining security procedures at the gate so that emergency personnel can deliver services in a more timely manner.
- 3) That security personnel at some facilities such as the correctional facility in York still seem to have too much to say about who does and does not get access to health care. During times when there is no coverage by health care personnel at the York correctional facility security personnel must make decisions regarding what does and does not constitute a medical emergency.

The recommendations of the Task Force in 2002 are as follows:

- 1) That the Department consider creating a standard form that could be filled out in advance to speed up the security procedures at the gate.*
- 2) That decisions regarding inmate access to health care must be made by medical personnel, not security personnel.*

L) Mental Health and Substance Abuse Issues

Findings and Recommendations of the Task Force in 2000:

The finding of the Task Force in 2000 was as follows:

That the Department had an excellent substance abuse rehabilitation program.

The recommendations of the Task Force in 2000 were as follows:

- 1) That mental health services in general should be better integrated into the mainstream of health care services of the Department.*
- 2) That drug rehabilitation programs at the Department should be funded at a higher level consistent with community standards.*
- 3) That the Department should consider employing more mental health professionals.*

Findings and Recommendations of the Task Force in 2002:

The finding of the Task Force in 2002 was as follows:

- 1) That inmates must undergo a waiting process before they are eligible to participate in the drug rehabilitation program. This is not a desirable situation given that substance abuse is often the reason that those who are inmates are in prison in the first place.*
- 2) That those inmates who need assistance with mental health problems have missed out on necessary medications because of shortages in the delivery system. Missing medications can defeat the entire treatment regimen of persons with serious mental health problems.*

The recommendations of the Task Force in 2002 are as follows:

- 1) That the substance abuse program should be expanded so that all who need it can participate in it as soon as they need the service without having to wait.*
- 2) That the agency needs to improve the delivery system for medications so that those inmate patients who need them get their medications when they need them.*
- 3) That the screening for substance abuse problems needs to be done on entry for all inmates.*

M) Additional Recommendations

Additional Recommendations of the Task Force in 2000:

The recommendations of the Task Force in 2000 were as follows:

- 1) That oversight of medical services of the Department be provided by an impartial, external body that would monitor the quality of these services.*
- 2) That the issue of who can release inmate medical records be clarified.*
- 3) That the Department do a better job of balancing concerns about security and inmate manipulation of the health care system with the need to address the health care problems of inmates.*
- 4) That the Department improve internal communication between its health care providers and other Department personnel including security.*
- 5) That the Department develop special diets for inmates with special dietary needs.*
- 6) That the Department ensure that refrigerated medications are stored separately from refrigerated foods.*

Additional Recommendations of the Task Force in 2002:

The findings of the Task Force in 2002 were as follows:

- 1) That the Legislature resolved the issue of oversight and monitoring of Department health care services in LB 154 (2001 legislative session).
- 2) That an Attorney General's ruling resolved the issues surrounding the release of inmate medical records.
- 3) That the Department has made significant progress in finding an appropriate balance between security concerns and the provision of health care services as indicated by the testimony of inmates interviewed during the review. This testimony indicated that the kite system functions in a more efficient and timely manner, and that pain medications are now more readily available.
- 4) That internal communication between health care providers and other personnel within the Department have been significantly improved due in large part to the reorganization of the Department providing for direct reporting by the medical director to the agency director.
- 5) That much improvement is needed at the Department pertinent to the development of special diets for inmates with special dietary needs. Interviews with inmates during the review indicated that each inmate is left to pick and choose for themselves the special foods they need from among all the foods provided by the Department. This information indicates that the Department needs to take a more active stance in ensuring that inmate patients who need them receive special diets.
- 6) That refrigerated medications are now stored separately from refrigerated foods as indicated by testimony from Department medical personnel.

The recommendations of the Task Force in 2002 are as follows:

- 1) *That the Department make a greater commitment to educating inmate patients about the seriousness of their illnesses and health conditions as well as the importance of, and any side-effects of, the medications and therapies they are receiving.*
- 2) *That the role of the health educator be expanded to include educating inmates about the seriousness of their illnesses and health conditions as well as providing education pertinent to life-style and health care maintenance issues.*

- 3) *That the Department make a greater effort to ensure that those who need special diets receive them.*
- 4) *That the Department ensure that there is coverage for such special medical emergencies as acute tooth pain and acute eye conditions that can arise unexpectedly.*
- 5) *That the Task Force be given permission to review these issues again no sooner than one year, but no later than two years after the completion of this review.*